

<i>SERFF Tracking Number:</i>	<i>AGNN-127015014</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Variable Annuity Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47932</i>
<i>Company Tracking Number:</i>	<i>VL 18869 V1/11</i>		
<i>TOI:</i>	<i>A02.11 Individual Annuities- Deferred Non- Variable and Variable</i>	<i>Sub-TOI:</i>	<i>A02.11.002 Flexible Premium</i>
<i>Product Name:</i>	<i>VL 18869 v1/11</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: The Variable Annuity Life Insurance Company

Product Name: VL 18869 v1/11

SERFF Tr Num: AGNN-127015014 State: Arkansas

TOI: A02.11 Individual Annuities- Deferred Non-
Variable and Variable

SERFF Status: Closed-Approved- State Tr Num: 47932

Closed

Sub-TOI: A02.11.002 Flexible Premium

Co Tr Num: VL 18869 V1/11

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Angie Fox

Disposition Date: 02/17/2011

Date Submitted: 02/08/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 02/17/2011

State Status Changed: 02/17/2011

Deemer Date:

Created By: Angie Fox

Submitted By: Angie Fox

Corresponding Filing Tracking Number:

Filing Description:

Form VL 18869 v1/11 is being submitted for your review and approval. This form replaces for VL 18869 v910, approved by your Department on October 7, 2010, under your file # 46959.

We certify that we are in compliance with Regulations 19 and 49 as well as AR. Code Ann. 23-79-138. We certify we are in compliance with Regulation 6, Articles 6, 7, 9, and 10. VALIC was approved to issue variable contracts in AR on 05/01/1969.

The only difference between the attached form and the form previously approved is:

SERFF Tracking Number: AGNN-127015014 State: Arkansas

Filing Company: The Variable Annuity Life Insurance Company State Tracking Number: 47932

Company Tracking Number: VL 18869 V1/11

TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
Variable and Variable

Product Name: VL 18869 v1/11

Project Name/Number: /

1. The addition of the Owner Acknowledgement statement on the Portfolio Director Fixed and Variable Annuity product.
2. Bracketing not only the product names, but information related to those particular products.
3. The version number of the form number has changed.

A red-lined/marked copy of the new form showing the updates from the previously approved form is attached under the Supporting Documentation tab.

Company and Contact

Filing Contact Information

Angie Fox, angie.fox@aigretirement.com
2919 Allen Parkway, L10-30 713-831-6050 [Phone]
Houston, TX 77019 713-831-6932 [FAX]

Filing Company Information

The Variable Annuity Life Insurance Company	CoCode: 70238	State of Domicile: Texas
2929 Allen Parkway, L10-30	Group Code: 11	Company Type:
Houston, TX 77019	Group Name:	State ID Number:
(713) 831-1305 ext. [Phone]	FEIN Number: 74-1625348	

Filing Fees

Fee Required? Yes

Fee Amount: \$100.00

Retaliatory? Yes

Fee Explanation: the fee required to make this filing in our domicile state of Texas is \$100; therefore, \$100 is included in this submission.

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Variable Annuity Life Insurance Company	\$100.00	02/08/2011	44519327

SERFF Tracking Number: AGNN-127015014 *State:* Arkansas
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Variable and Variable
Product Name: VL 18869 v1/11
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/17/2011	02/17/2011

SERFF Tracking Number: AGNN-127015014 *State:* Arkansas
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Variable and Variable
Product Name: VL 18869 v1/11
Project Name/Number: /

Disposition

Disposition Date: 02/17/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AGNN-127015014 State: Arkansas
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 Variable and Variable
 Product Name: VL 18869 v1/11
 Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	sov		Yes
Supporting Document	marked copy		Yes
Form	Application Supplement and Agreement to Use Electronic Application for Annuity Purchase		Yes

SERFF Tracking Number: AGNN-127015014 *State:* Arkansas
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 Variable and Variable
Product Name: VL 18869 v1/11
Project Name/Number: /

Form Schedule

Lead Form Number: VL 18869 v1/11

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	VL 18869 v1/11	Application/ Enrollment Form	Initial		50.000	VL 18869 ver 1-11.pdf
		Application Supplement and Agreement to Use Electronic Application for Annuity Purchase				



FILED COPY

**Application Supplement and Agreement to
Use Electronic Application for Annuity Purchase**

The Variable Annuity Life Insurance Company (VALIC), Houston, Texas
VALIC Financial Advisors, Inc. (VFA), Houston, Texas

DO NOT USE THIS FORM IF CLIENT SIGNATURES HAVE BEEN
OBTAINED USING THE ELECTRONIC SIGNATURE PAD (E-PAD)

Mail Completed Forms to:

VALIC Document Control

P.O. Box 15648, Amarillo, TX 79105-5648

Call 1-800-448-2542 for assistance.

1. CLIENT/ANNUITANT INFORMATION

Application Control Number: _____

SSN: _____

Client/Annuitant Name (Please Print): _____ as registered.

2. ANNUITY SELECTION AND DISCLOSURE

I am applying for the following Annuity:

☐ [Portfolio Director® Fixed and Variable Annuity]

- I have completed the annuity application, the Owner Acknowledgement, the Client Account Form and the Annuity Transaction Disclosure Form, as appropriate, electronically.
- I have received a current prospectus for the Company's Separate Account with the privacy notice, I understand its provisions and I agree to be bound by its terms.
- I understand that annuity payments or surrender values are variable when based on the investment experience of the Separate Account and that they are not guaranteed as to dollar amount.
- I understand that any funds allocated to the Multi-Year Enhancement Fund Option may be subject to a market value adjustment if funds are withdrawn prior to the end of the applicable term and that the adjustment may increase or decrease the account values.
- I have read and understand the items included on the Owner Acknowledgement form.]

☐ [IncomeLOCK® (Available on Portfolio Director Fixed & Variable Annuity)]

- I have completed the IncomeLOCK Living Benefit Option and Disclosure Form and understand the terms and provisions listed therein.]

☐ [Set Rate Fixed Annuity (SRA 1004)]

- I have completed the annuity application, the SRA Owner Acknowledgement, the Client Account Form and the Annuity Transaction Disclosure Form, as appropriate, electronically.
- I have read and understand the items included on the Owner Acknowledgement form.
- I understand that I am applying for a market-value adjustment annuity. I understand that amounts payable under the contract are subject to a market value adjustment and to an early withdrawal charge for the period specified in the contract.]

☐ [Premiere 5SM and Premiere 7SM Fixed Annuities]

- I have completed the annuity application, the Owner Acknowledgement, the Client Account Form and the Annuity Transaction Disclosure Form, as appropriate, electronically.
- I have read and understand the items included on the Owner Acknowledgement form.]

3. SALES TO MILITARY AFFIRMATIONS

If I or any applicable joint owner is an active duty service member of the United States Armed Forces, I agree that I have read and understand the important information provided on the Sale to Military Personnel Disclosure Form.

4. CLIENT/ANNUITANT AFFIRMATIONS AND STATEMENTS

VALIC and VFA provide the ability for you to submit an application electronically, however, we continue to require a signature affirming that you understand and agree to the following:

Your application is subject to acceptance by the Company at its Home Office.

I agree that the Application Control Number written above in Section 1 is the same as the one that was displayed on the computer screen.

I agree that I have received all the questions and responses displayed on the computer screen, including questions regarding whether I have existing life insurance or annuity policies and whether the policy I am applying for replaces an existing life insurance or annuity policy.

I understand that once locked into the computer, the statements and answers cannot be changed. Any change must be made in writing by the applicant(s).

I understand and agree that the electronic responses and this statement form the application and are the basis for the established account.

I understand and acknowledge that I have read the information provided in the Information section located on page two of this application, including fraud warnings, withdrawal restrictions for 403(b) plans and redemptions from optional retirement programs and other plans, if applicable.

I acknowledge that I have read and understand all the disclosures listed on the replacement form. My signature below also acknowledges that at the time I completed my application for the proposed annuity contract, I was given a hard copy of this form to retain for my personal records.

I represent that all statements, answers, and affirmations on this form, the on-line application and other related forms completed electronically, are complete and true to the best of my knowledge and belief.

The signature(s) below applies to all sections and statements made on this application. Signed at City/State: _____

Client/Annuitant's Signature: _____

Date: _____

Joint Owner's Signature (if applicable): _____

Date: _____

[Arizona Residents: On written request, we are required to provide within a reasonable time reasonable factual information regarding the benefits and provisions of the annuity contract to the annuity contract holder and if for any reason the contract holder is not satisfied with the annuity contract, the contract holder may return the annuity contract within 20 days, or within 30 days if the contract holder is 65 years of age or older on the date of application for the annuity contract, after the contract is delivered and receive a refund of all payments allocated to the fixed investment option(s), the variable investment option(s) accumulation value on the date the contract is returned, and any fees or charges on any investment option.]

5. FINANCIAL ADVISOR OF RECORD

Agent #: _____	Region Code: _____	State License #: _____
I know of no replacement other than what was indicated by the applicant's response.		
Application Control Number: _____		
Licensed Agent/Registered Representative (Print Name) _____		
Licensed Agent/Registered Representative's Signature _____		Date _____

INFORMATION

[California Senior Disclosure: Please be advised that the sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of this product may have tax consequences, early withdrawal penalties, or other costs or penalties as a result of the sale or liquidation, and you may wish to consult independent legal or financial advice before selling or liquidating any assets and prior to the purchase of any life or annuity products being solicited, offered for sale, or sold.

FRAUD WARNINGS

In some states we are required to advise you of the following: Any person who knowingly intends to defraud or facilitates a fraud against an insurer by submitting an application or filing a false claim, or makes an incomplete or deceptive statement of a material fact, may be guilty of insurance fraud.

Arkansas, North Dakota, South Carolina, South Dakota and Texas Residents Only: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, commits insurance fraud, which may be a crime and may subject the person to civil and criminal penalties.

Colorado Residents Only: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia Residents and Rhode Island Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Florida Residents Only: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information, is guilty of a felony of the third degree.

Kentucky, New Mexico, Ohio and Pennsylvania Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Louisiana, Maryland and Massachusetts Residents Only: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine, Tennessee, Virginia and Washington Residents Only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

New Jersey Residents Only: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Oklahoma Residents Only: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claims for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.]

REDEMPTIONS FROM OPTIONAL RETIREMENT PROGRAMS AND OTHER PLANS

Distributions from employer-sponsored retirement programs, including Optional Retirement Programs, will be subject to any limitations imposed by the plan.

Texas Optional Retirement Program

- Benefits in the Texas Optional Retirement Program vest after one year and one day of participation in one or more optional retirement plans.

- Benefits under the Texas Optional Retirement Program are available to you only after you attain the age of 70½ years, or terminate participation by death, retirement, or termination of employment in all Texas institutions of higher education.

VALIC will require written verification from the program administrator of your qualification for any requested redemption of any annuity benefits purchased under the Texas Optional Retirement Program.

Louisiana Optional Retirement Program

For participants in the Louisiana Optional Retirement Program, withdrawals are limited by the plan.

WITHDRAWAL RESTRICTIONS FOR 403(B) PARTICIPANTS

[According to federal tax laws regulating certain Internal Revenue Code (IRC) Section 403(b) plans, any interest and earnings credited to your account after 12/31/88 and any elective contributions made after that date may be withdrawn only under any of the following circumstances.

- Separation from service
- Death
- Hardship (contributions only)
- Age 59½ or older
- Disability

Your employer's plan may contain other withdrawal restrictions. Additionally, some employer plans have alternative investment options among which plan participants may transfer contract values.]

EXPECTED ANNUITY DATE

Whether an age is chosen, or the default is used, the owner may at a later date change the annuity start date subject to the terms and conditions of the Portfolio Director contract.

BENEFICIARY DESIGNATIONS

Your **primary** beneficiary(ies) will be paid any survivor benefit existing under the contract at your death. If there are no surviving primary beneficiaries, your **contingent** beneficiary(ies) will receive these benefits.

A beneficiary can be an individual, institution, entity or trustee. Your employer's plan may contain beneficiary designation restrictions.

If you wish to designate as beneficiaries your current children and any children who may be born to you or legally adopted in the future, add the words "all my living children" in the name box following the last child listed. When there are multiple beneficiaries and one predeceases you, the proceeds will be divided among the remaining beneficiaries. A designation of "Per Stirpes" after the beneficiary name allows the children of the deceased beneficiary to receive the deceased beneficiary's portion.

If the beneficiary is a minor, or additional space is needed, please complete and submit a Beneficiary Designation Form (VL 14945).

For assistance with beneficiary designations, contact your financial advisor or a Client Service Professional at [1-800-448-2542].

SALARY REDUCTION AGREEMENT OR SALARY DEDUCTION AUTHORIZATION FOR 403(B) AND 401(K) PLANS

If you have not executed a separate salary reduction/deduction agreement with respect to the salary reduction/deduction contributions with your employer then the information specified in the Contribution Information section of the Electronic Application will apply. The information specified on the Application shall serve as your instruction for such contributions and agreement to your employer's rules regarding the contributions. Upon acceptance by the employer of these instructions, the information specified on the Electronic Application shall then constitute your salary reduction/deduction agreement for purchase of a non-transferable annuity contract qualified under Section 403(b) of the Internal Revenue Code (IRC) or a non-transferable annuity contract to provide retirement benefits under IRC Section 401(k) from The Variable Annuity Life Insurance Company. When effective, this agreement shall apply only to those amounts not currently available as of the date indicated on the Electronic Application and this form. This agreement shall be legally binding as to both the parties hereto while employment continues; provided, however, that either party may change or terminate this agreement with respect to amounts that have not become currently available and payable by the employer and in accordance with the employer's reasonable administrative procedures. Salary reductions/deductions are to be effective with respect to pay dates on or after the date listed under Date Payment Begins (which is subsequent to this agreement) section of the Electronic Application. Only amounts not currently available to the employee are eligible for salary reduction/deduction.

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TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
Variable and Variable
Product Name: VL 18869 v1/11
Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: Flesch.pdf		

	Item Status:	Status Date:
Satisfied - Item: SOV Comments: Attachment: SOV.pdf		

	Item Status:	Status Date:
Satisfied - Item: marked copy Comments: Attachment: marked copy VL 18869 ver 1-11.pdf		

CERTIFICATION

THE VARIABLE ANNUITY LIFE INSURANCE COMPANY, NAIC # 70238, hereby certifies that the following form(s) comply with the Flesch scale of readability requirements of your State and the form(s) achieve the following score:

<u>Form Number</u>	<u>Form Description</u>	<u>Flesch Score</u>
VL 18869 v1/11	Application Supplement and Agreement to Use Electronic Application for Annuity Purchase	50



Tracey Harris - Vice President

3 February 2011
Date

The Variable Annuity Life Insurance Company
Statement of Variability for Form:
VL 18869 v1/11
February 3, 2011

The following items listed below are variable. Any changes will be for new issues only and on a non-discriminatory basis.

1. **Section 2, Annuity Selection and Disclosure:** The product names and information related to that product are bracketed in case the Company decides to discontinue offering that particular product for use with this form.
2. **Arizona Residents** disclosure is bracketed since it will only appear on the form when used in that state.
3. **Information section:** Items listed below are bracketed to allow for changes in wording required because of state or federal regulations. The items will appear on the form, but may be modified or new text may be added to comply with applicable regulations.
 - a. **California Senior Disclosure** will only appear on the form when used in that state.
 - b. State specific **Fraud Warnings**.
 - c. **Withdrawal Restrictions for 403(b) Participants**.
 - d. **Beneficiary Designations:** The contact telephone number for a Client Service Professional is bracketed for administrative purposes.



Tracey Harris - Vice President
The Variable Annuity Life Insurance Company



FILED COPY

**Application Supplement and Agreement to
Use Electronic Application for Annuity Purchase**DO NOT USE THIS FORM IF CLIENT SIGNATURES HAVE BEEN
OBTAINED USING THE ELECTRONIC SIGNATURE PAD (E-PAD)**The Variable Annuity Life Insurance Company (VALIC), Houston, Texas**
VALIC Financial Advisors, Inc. (VFA), Houston, Texas

Mail Completed Forms to: VALIC Document Control P.O. Box 15648, Amarillo, TX 79105-5648 Call 1-800-448-2542 for assistance.

1. CLIENT/ANNUITANT INFORMATIONApplication Control Number: _____ SSN: _____
Client/Annuitant Name (Please Print): _____ as registered.**2. ANNUITY SELECTION AND DISCLOSURE**

I am applying for the following Annuity:

- ☐ [Portfolio Director® Fixed and Variable Annuity]
- I have completed the annuity application, the Owner Acknowledgement, the Client Account Form and the Annuity Transaction Disclosure Form, as appropriate, electronically.
 - I have received a current prospectus for the Company's Separate Account with the privacy notice, I understand its provisions and I agree to be bound by its terms.
 - I understand that annuity payments or surrender values are variable when based on the investment experience of the Separate Account and that they are not guaranteed as to dollar amount.
 - I understand that any funds allocated to the Multi-Year Enhancement Fund Option may be subject to a market value adjustment if funds are withdrawn prior to the end of the applicable term and that the adjustment may increase or decrease the account values.
 - I have read and understand the items included on the Owner Acknowledgement form.]
- ☐ [IncomeLOCK® (Available on Portfolio Director Fixed & Variable Annuity)]
- I have completed the IncomeLOCK Living Benefit Option and Disclosure Form and understand the terms and provisions listed therein.]
- ☐ [Set Rate Fixed Annuity (SRA 1004)]
- I have completed the annuity application, the SRA Owner Acknowledgement, the Client Account Form and the Annuity Transaction Disclosure Form, as appropriate, electronically.
 - I have read and understand the items included on the Owner Acknowledgement form.
 - I understand that I am applying for a market-value adjustment annuity. I understand that amounts payable under the contract are subject to a market value adjustment and to an early withdrawal charge for the period specified in the contract.]
- ☐ [Premiere 5SM and Premiere 7SM Fixed Annuities]
- I have completed the annuity application, the Owner Acknowledgement, the Client Account Form and the Annuity Transaction Disclosure Form, as appropriate, electronically.
 - I have read and understand the items included on the Owner Acknowledgement form.]

3. SALES TO MILITARY AFFIRMATIONS

If I or any applicable joint owner is an active duty service member of the United States Armed Forces, I agree that I have read and understand the important information provided on the Sale to Military Personnel Disclosure Form.

4. CLIENT/ANNUITANT AFFIRMATIONS AND STATEMENTS

VALIC and VFA provide the ability for you to submit an application electronically, however, we continue to require a signature affirming that you understand and agree to the following:

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I agree that the Application Control Number written above in Section 1 is the same as the one that was displayed on the computer screen.

I agree that I have received all the questions and responses displayed on the computer screen, including questions regarding whether I have existing life insurance or annuity policies and whether the policy I am applying for replaces an existing life insurance or annuity policy.

I understand that once locked into the computer, the statements and answers cannot be changed. Any change must be made in writing by the applicant(s).

I understand and agree that the electronic responses and this statement form the application and are the basis for the established account.

I understand and acknowledge that I have read the information provided in the Information section located on page two of this application, including fraud warnings, withdrawal restrictions for 403(b) plans and redemptions from optional retirement programs and other plans, if applicable.

I acknowledge that I have read and understand all the disclosures listed on the replacement form. My signature below also acknowledges that at the time I completed my application for the proposed annuity contract, I was given a hard copy of this form to retain for my personal records.

I represent that all statements, answers, and affirmations on this form, the on-line application and other related forms completed electronically, are complete and true to the best of my knowledge and belief.

The signature(s) below applies to all sections and statements made on this application. Signed at City/State: _____

Client/Annuitant's Signature: _____ Date: _____

Joint Owner's Signature (if applicable): _____ Date: _____

[Arizona Residents: On written request, we are required to provide within a reasonable time reasonable factual information regarding the benefits and provisions of the annuity contract to the annuity contract holder and if for any reason the contract holder is not satisfied with the annuity contract, the contract holder may return the annuity contract within 20 days, or within 30 days if the contract holder is 65 years of age or older on the date of application for the annuity contract, after the contract is delivered and receive a refund of all payments allocated to the fixed investment option(s), the variable investment option(s) accumulation value on the date the contract is returned, and any fees or charges on any investment option.]

5. FINANCIAL ADVISOR OF RECORD

Agent #: _____ Region Code: _____ State License #: _____

I know of no replacement other than what was indicated by the applicant's response.

Licensed Agent/Registered Representative (Print Name) _____

Application Control Number: _____

Licensed Agent/Registered Representative's Signature _____

Date _____

INFORMATION

[California Senior Disclosure: Please be advised that the sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of this product may have tax consequences, early withdrawal penalties, or other costs or penalties as a result of the sale or liquidation, and you may wish to consult independent legal or financial advice before selling or liquidating any assets and prior to the purchase of any life or annuity products being solicited, offered for sale, or sold.

FRAUD WARNINGS

In some states we are required to advise you of the following: Any person who knowingly intends to defraud or facilitates a fraud against an insurer by submitting an application or filing a false claim, or makes an incomplete or deceptive statement of a material fact, may be guilty of insurance fraud.

Arkansas, North Dakota, South Carolina, South Dakota and Texas Residents Only: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, commits insurance fraud, which may be a crime and may subject the person to civil and criminal penalties.

Colorado Residents Only: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia Residents and Rhode Island Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Florida Residents Only: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information, is guilty of a felony of the third degree.

Kentucky, New Mexico, Ohio and Pennsylvania Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Louisiana, Maryland and Massachusetts Residents Only: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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New Jersey Residents Only: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Oklahoma Residents Only: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claims for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.]

REDEMPTIONS FROM OPTIONAL RETIREMENT PROGRAMS AND OTHER PLANS

Distributions from employer-sponsored retirement programs, including Optional Retirement Programs, will be subject to any limitations imposed by the plan.

Texas Optional Retirement Program

- Benefits in the Texas Optional Retirement Program vest after one year and one day of participation in one or more optional retirement plans.

- Benefits under the Texas Optional Retirement Program are available to you only after you attain the age of 70½ years, or terminate participation by death, retirement, or termination of employment in all Texas institutions of higher education.

VALIC will require written verification from the program administrator of your qualification for any requested redemption of any annuity benefits purchased under the Texas Optional Retirement Program.

Louisiana Optional Retirement Program

For participants in the Louisiana Optional Retirement Program, withdrawals are limited by the plan.

WITHDRAWAL RESTRICTIONS FOR 403(B) PARTICIPANTS

[According to federal tax laws regulating certain Internal Revenue Code (IRC) Section 403(b) plans, any interest and earnings credited to your account after 12/31/88 and any elective contributions made after that date may be withdrawn only under any of the following circumstances.

- Separation from service
- Death
- Hardship (contributions only)
- Age 59½ or older
- Disability

Your employer's plan may contain other withdrawal restrictions. Additionally, some employer plans have alternative investment options among which plan participants may transfer contract values.]

EXPECTED ANNUITY DATE

Whether an age is chosen, or the default is used, the owner may at a later date change the annuity start date subject to the terms and conditions of the Portfolio Director contract.

BENEFICIARY DESIGNATIONS

Your **primary** beneficiary(ies) will be paid any survivor benefit existing under the contract at your death. If there are no surviving primary beneficiaries, your **contingent** beneficiary(ies) will receive these benefits.

A beneficiary can be an individual, institution, entity or trustee. Your employer's plan may contain beneficiary designation restrictions.

If you wish to designate as beneficiaries your current children and any children who may be born to you or legally adopted in the future, add the words "all my living children" in the name box following the last child listed. When there are multiple beneficiaries and one predeceases you, the proceeds will be divided among the remaining beneficiaries. A designation of "Per Stirpes" after the beneficiary name allows the children of the deceased beneficiary to receive the deceased beneficiary's portion.

If the beneficiary is a minor, or additional space is needed, please complete and submit a Beneficiary Designation Form (VL 14945).

For assistance with beneficiary designations, contact your financial advisor or a Client Service Professional at 1-800-448-2542.]

SALARY REDUCTION AGREEMENT OR SALARY DEDUCTION AUTHORIZATION FOR 403(B) AND 401(K) PLANS

If you have not executed a separate salary reduction/deduction agreement with respect to the salary reduction/deduction contributions with your employer then the information specified in the Contribution Information section of the Electronic Application will apply. The information specified on the Application shall serve as your instruction for such contributions and agreement to your employer's rules regarding the contributions. Upon acceptance by the employer of these instructions, the information specified on the Electronic Application shall then constitute your salary reduction/deduction agreement for purchase of a non-transferable annuity contract qualified under Section 403(b) of the Internal Revenue Code (IRC) or a non-transferable annuity contract to provide retirement benefits under IRC Section 401(k) from The Variable Annuity Life Insurance Company. When effective, this agreement shall apply only to those amounts not currently available as of the date indicated on the Electronic Application and this form. This agreement shall be legally binding as to both the parties hereto while employment continues; provided, however, that either party may change or terminate this agreement with respect to amounts that have not become currently available and payable by the employer and in accordance with the employer's reasonable administrative procedures. Salary reductions/deductions are to be effective with respect to pay dates on or after the date listed under Date Payment Begins (which is subsequent to this agreement) section of the Electronic Application. Only amounts not currently available to the employee are eligible for salary reduction/deduction.